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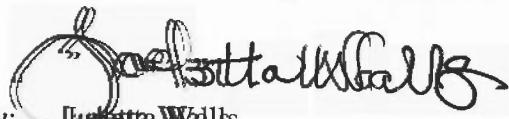
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Shira Perlmutter
United States Register of Copyrights and Director

By:



Larkatta Walls
Division Head
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|--|------|-----------|
| <p>You indicated that you are taking medication for your <health condition>. Individuals have identified several issues regarding their medication-taking behavior and we are interested in your experiences. There is no right or wrong answer. Please answer each question based on your personal experience with your <health condition> medication.</p> <p style="text-align: center;">(Please check your response below)</p> | | |
| | No=1 | Yes =0 |
| 1. Do you sometimes forget to take your <health condition> pills? | | |
| 2. People sometimes miss taking their medications for reasons other than forgetting. Thinking over the past two weeks, were there any days when you did not take your <health condition> medicine? | | |
| 3. Have you ever cut back or stopped taking your medication without telling your doctor, because you felt worse when you took it? | | |
| 4. When you travel or leave home, do you sometimes forget to bring along your <health condition> medication? | | |
| 5. Did you take your <health condition> medicine yesterday? | | |
| 6. When you feel like your <health condition> is under control, do you sometimes stop taking your medicine? | | |
| 7. Taking medication everyday is a real inconvenience for some people. Do you ever feel hassled about sticking to your <health condition> treatment plan? | | |

8. How often do you have difficulty remembering to take all your medications?

(Please circle your response below)

| | |
|----------------------|---|
| Never/Rarely..... | 4 |
| Once in a while..... | 3 |
| Sometimes..... | 2 |
| Usually..... | 1 |
| All the time..... | 0 |

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